Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	01-08-2009	Address:	<u>117 N COUNTY ROA</u> D <u>175 E</u>
Case #:	35F28561		WINSLOW, IN 47598
County:	PIKE		
Type of L	aboratory Seizure (check one)	Scizure Location (check all that apply)
	onal Lab :al/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Fou	nd: Location (bedroom, kitchen, open a	ir. etc)	
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: <u>VEHICLE</u>			
Water Reactive Metal (Lithium): <u>RESIDENCE</u>			
Anhydrous Ammonia:			
III Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (i	item and location):		
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip —
This repor	t is to be faxed to the following age	ucies that serve the le	ocation:
Health Dep	tment: WINSLOW VFD partment: PIKE CO HD cetion Service: PIKE CO CPS	Fax: <u>812-3</u> Fax: <u>812-3</u>	
	information regarding this methamph ng Officer: <u>RYAN M. JOHNSON</u>	netamine laboratory, e Phone <u>812-867-2079</u>	

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.